BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

10005 178

CLAIMS AS FILED - PART I (Column 1)					l (Colur	nn 2)		SMALL ENTITY TYPE			OTHER THA	
TOTAL CLAIMS							1	RATE	FEE		RATE	FEE
FOR			NUMBER F	LED	NUMBE	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS minus 20=				ıs 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 =					*			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL		OR	TOTAL	
\bigcirc	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column						<u>.</u>	OTHER THA SMALL ENTITY OR SMALL ENTI				
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	· 27	Minus		2/_	= 6		X\$ 9=		OR	X\$18=	108
AME	Independent	TATION OF MI	Minus	***	F.CLAIM	<u>- 3</u>		X40=		OR	X80=	258
Ш	FINST PRESE	VIATION OF IVI	JULIPLE DEF	ENDEN	CLAIN		ا ز	+135=		OR	+270=	
4 1								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
<u>W</u>		(Column 1)		(Colu		(Column 3)						
AMENDMENTER		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**	,	=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	- 01 010 0]=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		ٔ ل	+135=		OR	+270=	
. i								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
T	•	(Column 1)		(Colu	mn 2)	(Column 3	<u>)</u>	7,0071.7 221		_	7,551	
AMENDMEN &		CLAIMS REMAINING AFTER AMENDMENT	j <u>e</u> , ,	NUN PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	1
AME	Independent	* NTATION OF M	Minus	***	IT CLAIN	=	4	X40=		OR	X80=	
_	LINO! PHESE	NIATION OF M	OLTIPLE DEP	CINDEN	CLAIM	<u> </u>		+135=		OR	+270=	
•	f the entry in colu	mn 1 is less than t	the entry in colu	mn 2, wri S SPACE	te "0" in co	olumn 3. an 20. enter "26	0."	TOTAL		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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(Column 1) (Column 2)								SMALL ENTITY TYPE []			OTHER THAN OR SMALL ENTITY	
TC	TAL CLAIMS		19				[RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	BLE CLAIMS	∫		*			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	Į mii	nus 3 =	*			X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2			1	TOTAL		OR	TOTAL		
	С		AMENDED - PART II				SMALL ENTITY			OTHER THAN SMALL ENTITY		
_		(Column 1) CLAIMS	1		mn 2) HEST	(Column 3)	1 1	SMALL		OR I I	SIMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI PAID	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 21	Minus	** 8	20	=		X\$ 9=		OR	X\$18=	18
	Independent	* ALCEM	Minus	***	T CLAIM	=		X42=		OR	X84=	148
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						.	+140=		OR	+280=	
ı							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3))					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=	4	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			umn 2)_	(Column 3)_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 18	Minus	** (20	=		X\$ 9=		OR	X\$18=	
	Independent	* Z	Minus	***	ST CLAIM	= 3	4	X42=		OR	X84=	267
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=							+140=		OR	+280=	
١٠	If the entry in col	umn 1 is less than	the entry in co	lumn 2, wr	rite "0" in c	olumn 3.	. <u> </u>	TOTAL		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												